

Workers' compensation insurance notice of carrier intent

Group name: _____

Group #: _____

Effective date: _____

Company name	NAIC #	Current rate basis (Rel or LC or ICR) ¹	Proposed rate basis (Rel or LC or ICR)	Current average (Deviation or LCM or N/A) ²	Proposed average (LCM or N/A)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Workers' compensation insurance notice of carrier intent certification

I, _____, am an officer of _____ and in that capacity, I certify that all
 (print name of officer) (print name of company)

the information contained above is complete, correct, and true to the best of my knowledge and belief.

Officer's signature

Officer's title

¹ Rel = Relativities; LC = Loss Costs; ICR = Insurer-Specific Classification Relativities

² LCM = Loss Cost Multiplier. Use LCMs only with the NCCI loss costs. Use deviations only with the TDI classification relativities. Use N/A for insurer-specific classification relativities.